U.S. Department of Justice					
United States Marshals Service		SARPER	SS REGEL	Frank by K.B.	MIN
DEFENDANT  MICROSOFT Corporation	RECEIVANG 3 0	VED 2024	CLU TYPE OF PROCESS	24845	5 1
SERVE ADDRESS (Street or RFD. Apartment No. City. State of	ON ETC TO SERVEN			\$EIZE OR CONDE	WEN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDR	The second second second second	36+4	Number of process to		100
3819 N. Geridine ave. otlahome city, st 7314	served with this Form 285  Number of parties to be served in this case Check for service				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST All Telephone Numbers, and Estimated Times Available for Service):		LVICE (Include E	on U.S.A. Susiness and Alternate	Addresses,	
	LAINTIFF DEFENDANT	TELEPHONE	NUMBER	DATE	
SPACE BELOW FOR USE OF U.S. MARS	SHAL ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process  District of Origin No.	to Signature of Au	uthorized USMS	Deputy <sup>*</sup> ar Clerk	9   9	lar
I hereby certify and return that I have personally served. have legal evide individual, company, corporation, etc., at the address shown above on the on the in					he
It hereby certify and return that I am unable to locate the individual, company, of	corporation, etc named a	bave (See remar	ts below)		
Name and title of individual served (if not shown above)  Hesselvane Messelvanis	v)		Date 2/24	Tume /6.50	Oam Opm
Address (complete only different than shown above)			Signature of U.S. Mi	arshal or Deputy	

REMARKS

Service Fee

30.00

1. 1 Deputy, 24 miles total, served at lossion / hour

Advance Deposits

Total Charges

Forwarding Fee

8.00

Amount owed to U.S. Marshal® or

(Amount of Refund\*)

Total Mileage Charges

(including endeavars)

U.S. Department of Justice United States Marshals Service

## SPROGESS REGERT FAND RETHINK

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Darry/ L Fit Zhugh RECEIVED						A	CIU-24 845 TO				
DEFENDANT AUG 3 U 7024						TYPE OF PROCESS	TYPE OF PROCESS				
Meta	Plan	form	S.IN		1089WALG	WOK					
	NAME OF	INDIVIDUAL	COMPANY, CO	RPORATION, E	TO SERVE	OR OFSCR	IPTION OF PROPERTY TO	O SEIZE OR CONT	EMN		
SERVE	ne	5 Pl	THE ASIM.	5.71	<u></u>		IPTION OF PROPERTY TO				
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be											
served with this Form 285											
28191	N CP	ald.	ne au	p apt	31			Number of parties to be			
			4				served in this case	The American Control of the Control			
126	Goma	city	OK 23	3/12				Check for service			
					PENTING PER	VICE CITA	on U.S.A.	. 4 4 4			
All Telephone Numbers				L ASSIST IN EX	C LOT LATO SER	VICE (Ind	mae manuem and Anervate	Addresses,			
,,	•										
Signature of Attorney of	her Originator	requesting ser	vice on behalf of:	OPLAINT	TFF .	TELEPHO	ONE NUMBER	DATE			
				ODEFENI	DANT						
	SDACE DI	TOW FO	D HET OF HE		in the second	NOTW	RITE BELOW THIS	T IDATE			
I acknowledge receipt fo					ONLY-DO	HOI W	MIE BELOW INIS	LINE			
number of process indica		Total Process		District to	Signature of Au	uthorized U	SMS Deputy or Clerk	Date			
(Sign only for USM 285		4	Origin	Serve				101.01	71		
than one USM 285 is suit			No. 64	No ·				10/10/	20		
I hereby certify and return that I \( \) have personally served, \( \) have legal evidence of service, \( \) have executed as shown in "Remarks", the process described on the											
individual, company, cor	rporation, etc.,	at the address	shown above on th	e on the individu	al, company, corp	poration, etc	shown at the address insert	ted below.			
I hereby certify and re	eturn that I am	unable to loca	te the individual, co	ompany, corporat	ion, etc. named a	bove (See r	emarks below)				
Name and title of individ	dual served (if	not shown abo	rve)			(420)	Date	Time	-Cam		
EDBAR centend - sewrity lead						10/10/24	1115	Opm			
Address (complete only different than shown above)  Signature of U.S. Marshal or Deputy											
18 HACKER WAY											
MENIO PARK, CA 94025							_				
			17020								
Service Fee To	otal Mileage (	harges F	orwarding Fee	Total Charges	Advance	Deposits	Amount owed to U.S. Mar	shal* or			
(ii	ncluding ende	avors)	•	-		•	(Amount of Refund*)				
REMARKS							La				
TOWN HOLD											
<b>,</b>											
# nf D1 (0) (n)											
# of DUSMs:											
# of hours for all DI ISMs.											
# of hours for all DUSMs:											
# of round trip miles for all vehicles.											

United States Marshals Service

## SPROGESS REGERFRAND RETHEN

* The second sec					V. B. C.					* * * * * * * * * * * * * * * * * * *	
PLAINTIFF	ry/L.+	Citzhu	g h		.ECFI	VEC		CIU-3	(BER )	50	
DEFENDANT	,	, ,	1	,	/AUG 30	2024		TYPE OF PROCESS	j j		
1200	9/07/	rust 8		es L	2			•			
	NAME OF	INDIVIDUAL,	COMPANY, CO	RPORATION, E	TC. TO SERVE	OR BEVICK	DKIO	N OF PROPERTY TO	O \$EIZE OR CONDI	EMN	
SERVE			st sei							1. 1 2 A	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  1600 amhitaearte parknay mountain wew, Ca 94015											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW								Number of process to be			
3819 Nr. Geraldine ave. apt 31							Number of parties to be served in this case				
3819 M. Geraldine ave. apt 31 Oklahoma city, of 73/20							Check for service on U.S.A.				
				L ASSIST IN EX	CPEDITING SEI	RVICE (Incl	lude B	usiness and Alternate	e Addresses,		
All Telephone Numb	ers, and Estimat	ed Times Availa	ble for Service):								
•											
Signature of Attorney	y other Originator	requesting servi	ice on behalf of:	OPLAINT	TFF	TELEPHO	ONE N	NUMBER	DATE		
				ODEFENI	DANT						
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE											
I acknowledge receip		Total Process	District of	District to	Signature of A	uthorized US	SMS I	Deputy or Clerk	Date		
number of process indicated. (Sign only for USM 285 if more		1 1	7,1				10).	1 .			
than one USM 285 is submitted)  No. UT  No. UT  No. UT					5 24						
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.											
If hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)											
Name and title of ind	lividual served (i	f not shown abov	e)					Date 107/24	Time  0:59	<b>Q</b> am <b>O</b> pm	
Address (complete of	nly different than	shown above)						Signature of U.S. M	arshal or Deputy		
	,	5.									
*.											
Service Fee	Total Mileage		warding Fee	Total Charges	Advance	Deposits		ount owed to U.S. Ma ount of Refund*)	rshal* or		
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REMARKS											
Summe	m SI	nt ca	er b fied	mail	. Tro	71 <b>4</b> 7					
				(50)	. No	chin	4	numbu	<b>~</b> :		

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